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Billing Code											
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Authorization Number (for Reservation Clerk only)

REQUEST FOR AIR TRAVEL

PLEASE PRINT OR TYPE. A. Passenger's name:	REQUEST FOI	X AIX TRAVEL			
Last Name	Mr., Mrs., or Ms.	First Name	Initial	Initial	
Work Telephone		Home Telephone (opt	ional)		
Work Location Other		□ SF	G 🔲 LA		
B. Purpose of trip:					
A. Flight Itenerary:					
Date of Exact Time Flight of Departure	Departure from Airport/City	Arrival at Airport/City	Preferred Airline & Fligh	nt #	
D. Lodging: (Date/City/Hotel)					
E. Car Rental: (Date/City) Pickup		Drop off			

Authorization of	
Supervisor:	Date:
* If you plan on using your General Service Charge Card for car rental, please show all 8 numbers as the Billing Code.	If not, use the first 5 digits only.